

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030478

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. 60

FILED SEP 5 1962

1. PLACE OF DEATH  
a. COUNTY CRAWFORDb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN SULLIVANLength of stay in lb  
1 WKc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION  
SULLIVAN COMM. HOSP.Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY FRANKLIN

c. CITY OR TOWN SULLIVAN

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
432 MANIONReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First MARY

Middle E.

Last OLSON

4. DATE OF DEATH

Month AUG.

Day 27

Year 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

OCT 4 1900 71

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NURSING

10b. KIND OF BUSINESS OR INDUSTRY

OPR NURSING HOME

11. BIRTHPLACE (City and state or country)

NEWBERRY, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM JOHNSTON

13b. MOTHER'S MAIDEN NAME

ELIZABETH ALLEN

14. NAME OF HUSBAND OR WIFE

GUSTAF H. OLSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

GRACE WEGMAN, ST. LOUIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

2 WKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Severe Chronic Pyelonephritis

5 YRS

DUE TO (c)

Chronic Re-infection

20 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Anemia; Anemone Intox. due to Liver Failure  
HEMOGLOBIN - ?

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from AUG 1961 to AUG 1962 and last saw her him alive on 27 AUG 1962

Death occurred at 8 00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

Sullivan MO.

22c. DATE SIGNED

28 AUG 62

23. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

AUG 31, 1962

23c. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEM. WINONA

23d. LOCATION (City, town, or county)

MINN.

24. FUNERAL DIRECTOR

H.M. EATON

25. DATE RECD. BY LOCAL REG.

SULLIVAN, MO.

26. REGISTRAR'S SIGNATURE

August 28, 1962

26. REGISTRAR'S SIGNATURE

William Cowan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF:

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

INSTEAD OF:

DATE AMENDED

VS 300  
Rev. 4/596281  
3363

3

4 1

5 2

6

7 1

8 2

96000

10

11

121-0

134-0

SEP 26 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on day \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Harrison M. Eaton*

Licensed Embalmer No.

*4192*

P. O. Address

*Sullivan, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.